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Council Bluffs

Mary Jean Montgomery
Spencer

Max Phillips
Woodward

Judy Jeffrey
Director and
Executive Officer

MEMORANDUM TO ALL SCHOOL DISTRICTS IN IOWA

FROM: Gene Vincent, President

DATE: November 2, 2006

RE: Applications for Nonvoting Student Member on Iowa State Board of Education

The State Board of Education is now accepting applications from public school sophomores and juniors who wish to be considered for appointment by Governor Vilsack to the Board. While this is a nonvoting position, it presents a wonderful opportunity for the student member and voting members of the Board to learn from each other as the Board makes policy for students in Iowa.

Accompanying this cover memorandum is the application that a student must fill out and sign, as well as the consent form for the student's parent or guardian and the approval form for the district to complete. Make as many copies as you need, but note that there is a limit as to the number of students who may apply from a district. **Do not approve more than the allowable number of applicants from your district.**

- If your district's enrollment for grades 10 – 12 is less than 400, only one student may apply
- Enrollment of 400 – 1199, two students may apply
- Enrollment of 1200 or more, three students may apply

The student member's term is May 1, 2007 – April 30, 2008. The state board will meet at least nine times during that term, with most meetings taking place in the Grimes State Office Building in Des Moines.

Besides being a full-time, regularly enrolled 10th or 11th grade student in a public high school, the student must meet these requirements:

- Has a GPA of at least 3.0 (4.0 scale) or 3.75 (5.0 scale)
- Has attended his/her present high school at least the past two consecutive semesters (or the equivalent thereof)
- Demonstrates participation in extracurricular and community activities, as well as an interest in serving on the board
- Fills out the application and attaches all required forms and letters.

If you or any potential applicants have questions, please feel free to call Carol Greta, the Board's legal counsel, at 515/281-8661.

APPLICATION FOR MEMBERSHIP ON STATE BOARD OF EDUCATION

Name of student: _____

Address of student: _____
Street City Zip

School district of enrollment: _____

Number of years enrolled in district: _____ Number of years residing in Iowa: _____

Name of high school: _____

Present grade level: _____ Date of birth: _____

Cumulative high school grade point average as of end of 1st semester, 2006-2007: _____

Verified by _____ on _____.
(signature and title of appropriate district officer) (date)

District's grading scale is (circle one): 4.0 5.0

Attach the following:

1. District approval form completed and signed by superintendent or secondary principal.
2. Consent form completed and signed by parent or guardian.
3. Recommendation forms completed and signed by a high school teacher from whom the applicant received instruction, an adult familiar with the applicant's community activities, and any other third person. **Total of three (3) required.**
4. Typed or printed essay (maximum of one page) specifically addressing the following areas:
 - a. Describe your interest in serving on the State Board of Education,
 - b. Explain how your presence on the Board would benefit Iowa's education system in Iowa, and
 - c. Address how you can represent all public high school students in Iowa.
5. Typed or printed form describing the applicant's community and extracurricular activities.

In submitting this application, I certify that the information I have provided is true, and, if appointed, I pledge that I will support the Board and the Iowa Department of Education by my presence and participation to the best of my abilities.

Date

Signature of Student Applicant

Postmark or hand-deliver application and all attachments **on or before February 2, 2007**, to Iowa Department of Education, Carol Greta - Legal Consultant, Grimes State Office Building, Des Moines, IA 50319-0146.

APPLICANT’S COMMUNITY AND EXTRACURRICULAR ACTIVITIES

HIGH SCHOOL EXTRACURRICULAR ACTIVITIES:

Describe Activity	Grade Level(s)	Honors achieved through activity	Position(s) held, if pertinent	Other desired pertinent information

COMMUNITY (NON-SCHOOL) ACTIVITIES WHILE IN HIGH SCHOOL:

Describe Activity	Mo/Yr - Mo/Yr*	Sponsor of activity	Position(s) held, if applicable	Other desired pertinent information

*Just checkmark box if this was a one-time activity that did not take place over a period of weeks or months.

APPROVAL BY SCHOOL DISTRICT OF STUDENT'S APPLICATION FOR STATE BOARD OF EDUCATION

The undersigned (must be superintendent or secondary principal) hereby states that student, _____, is hereby approved to submit his or her application for consideration as the nonvoting member of the Iowa State Board of Education for the term beginning May 1, 2005 and ending April 30, 2006.

The undersigned further verifies that the applicant is enrolled as a full-time student in grade ____ at _____ high school, and that the undersigned has reviewed the information on the student's application.

On behalf of the above-named district, the undersigned confirms that, if appointed to the state board by the governor, the student's absences from school for participation in official board activities shall not be marked as unexcused absences. Pursuant to Iowa Code section 256.5A, the district shall notify the student's parent or guardian if the student's cumulative grade point average falls during the term of membership on the state board.

Date

Signature

School telephone number

Title

Name of School District

CONSENT BY PARENT OR GUARDIAN FOR APPLICATION BY MINOR STUDENT FOR STATE BOARD OF EDUCATION MEMBERSHIP

The undersigned parent/guardian of _____, states as follows:

1. My child's date of birth is _____.
2. My child has my consent to file the foregoing application and to serve, if appointed, as the nonvoting member of the Iowa State Board of Education. I make this consent based on my assessment of my child's interest in serving on the board and his or her ability to participate in board activities without harmful effect to his or her academic achievement.
3. I acknowledge that Iowa Code section 256.5A requires that I supervise my child while s/he is participating in official board activities other than such activities that take place in the community in which my child and I reside. If I determine that such supervision is not necessary for my child, I understand that I must submit a signed waiver to the Iowa Department of Education, stating the date and location of the board activity and a brief explanation of why I determined that no supervision is necessary for that particular activity.

NOTE TO PARENTS:

The state board of education meets approximately 9 – 10 times per term. Most meetings are held in Des Moines, but 2 – 3 activities may be held at other communities in the State. The Iowa Department of Education provides mileage reimbursement, but does not provide direct transportation.

4. I may withdraw this consent, in writing, at any time that I determine that membership on the state board is contrary to my child's best interests.

Date

Printed name of parent/guardian

Signature of parent/guardian

Home address: _____
Street City Zip

Home telephone number: _____

Work address: _____
Street City Zip

Work telephone number: _____

RECOMMENDATION ON BEHALF OF _____
(Student's Name)

Instructions for person making recommendation:

1. For ratings of listed qualities, please circle the appropriate number.
2. For short answers, please type or print your response.
3. Seal this document in an envelope and return to the student for submission with application. **Please do not share your responses with anyone.**

I. Please rate the student in the following areas:

- | | | | | | |
|---|---|---|---|---|----------------------|
| 1 | 2 | 3 | 4 | 5 | work/study ethic |
| 1 | 2 | 3 | 4 | 5 | attitude |
| 1 | 2 | 3 | 4 | 5 | dependability |
| 1 | 2 | 3 | 4 | 5 | interpersonal skills |
| 1 | 2 | 3 | 4 | 5 | verbal skills |
| 1 | 2 | 3 | 4 | 5 | level of maturity |

II. What strengths (no more than two) does the student possess that would especially aid him/her to fulfill the student role on the State Board of Education, and why?

III. What reservations, if any, do you have about the student's ability to successfully serve as the student member on the State Board of Education, and why?

Person Making Recommendation: _____
(Please type or print name)

How do you know the above-named student? _____

How long have known him or her? _____

I, the undersigned, understand that the above-named student is submitting an application to be appointed by the Governor of Iowa as the nonvoting student member of the Iowa State Board of Education. I certify that I have not shared my responses with the above-named student or any other person.

Date

Date of Person making Recommendation